



BARTLETT ANIMAL HOSPITAL

DATE _____

CLIENT'S NAME _____ PET'S NAME _____

PHONE NUMBER WHERE YOU CAN BE REACHED TODAY _____

PROCEDURE TO BE PERFORMED TODAY _____

SIGNATURE: For consent of procedure, anesthesia, pain management, and pre-anesthetic blood work.

DENTISTRY AUTHORIZATION

While cleaning your pet's teeth we may find that we need dental radiographs to determine the extent of dental disease. These radiographs could determine the need to extract teeth. There is an additional cost for both radiographs and extractions. If the doctor determines your pet has sub gingival pockets they may need to be filled at additional cost. We would like to obtain your permission to radiograph, extract any teeth or to fill any sub gingival pockets. **PLEASE INITIAL AUTHORIZATION.**

_____ I give permission for dental radiographs, extractions or sub gingival pocket fill

Would you prefer to brush daily, use an oral rinse daily, use daily specially treated chews, after today's dental cleaning?

DENTAL FLUORIDE TREATMENT

We believe strongly in preventative medicine. Therefore, at the time of Spay or Neuter we would like to offer a dental fluoride treatment. The treatment is to strengthen tooth enamel and decreases plaque from forming on your pet's teeth. The product is applied while your pet is under anesthesia at an additional \$15.00. **PLEASE INITIAL AUTHORIZATION.**

_____ I authorize the application of dental fluoride

_____ I decline the application of dental fluoride

MICROCHIP AUTHORIZATION

During this anesthetic procedure you have the option of permanently inserting an identification microchip and registration for a cost of \$49.99. This microchip allows a pet to be scanned and identified if lost or stolen. **PLEASE INITIAL AUTHORIZATION.**

_____ I authorize the placement of a microchip

_____ I decline the placement of a microchip

REVISED 3/1/08